

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 193

CERTIFICATE OF DEATH

 11016
 Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 11/8/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 11/8/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7 S. Stricker St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Rutledge B. Bates

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 31, 1881
 8. AGE: Years 65 Months 3 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D. C.
 (Town, county, and state)

10. Usual occupation Paper Hanger

11. Industry or business _____

FATHER 12. Name Emory H. Bates
 13. Birthplace New York, N.Y.

MOTHER 14. Maiden name Mary A. Bates
 15. Birthplace Washington, D.C.

16. Informant Herbert W. Bates (Brother)
 Address 7 S. Stricker St., Balto., Md.

17. Burial Glendwood Date thereof 11/20/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery Glendwood
 Location Washington, D. C.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. 11/17/46 (Date rec'd by registrar) Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1946 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 8, 1946 to Nov. 17, 1946
 and that I last saw him alive on November 17, 1946

Immediate cause of death Pulmonary Tuberculosis DURATION 6 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE J. B. [Signature] M. D. [Signature]

Address State Sanatorium, Md. Date signed 11/18/46

1-30-

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NOV 20 1946
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 469

CERTIFICATE OF DEATH

110131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 Years

Hospital, institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or institution? 5 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 202 College Avenue
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

DR. MABEL LOWELL BISHOP

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 17, 1881
6. (c) If alive, give age..... years

8. AGE: Years 65 Months 9 Days 12 If less than one day
..... hrs. min.

9. Birthplace Bridgeport-Conn.
(Town, county, and state)

10. Usual occupation Professor Emeritus of Biology
Dept. Hood College

11. Industry or business

12. Name James Madison Bishop13. Birthplace Conn.14. Maiden name Elmira Stout15. Birthplace Conn.16. Informant Mrs. Henry StahrAddress Frederick, Maryland

17. Burial Date thereof 12-3-46
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematorium Mountain Grove Cemetery

Location Bridgeport-Conn.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 2 Dec 19 46 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29th, 1946 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 1 1946 to Nov 29 1946
and that I last saw her alive on Nov 29 1946

Immediate cause of death..... DURATION
Carcinoma Pancreas

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma Pancreas
..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE EP Thomas M. D.Address Frederick, Maryland Date signed 11-30-46

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DEC 4 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15706

CERTIFICATE OF DEATH



11018

131

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 222 South Carroll Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

NORA JEAN BITLER

3. (b) Social Security Number

NONE

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>S</u>	
6.(b) Name of husband or wife			
7. Birth date of deceased (mo., day, yr.) <u>November 4, 1946</u>			
8. AGE: Years <u>0</u>	Months <u>0</u>	Days <u>1</u>	If less than one day <u>9</u> hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER	12. Name <u>Charles Edward Bitler</u>
	13. Birthplace <u>Walkersville, Maryland</u>
MOTHER	14. Maiden name <u>Mary Ellen Tracey</u>
	15. Birthplace <u>Frederick, Maryland</u>

16. Informant Mrs. Mary E. Bitler
Address 222 S. Carroll St., Frederick, Md.

17. Burial 11/6/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 6 Nov 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1946 at 5:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 5 19 46 to Nov. 5 19 46
and that I last saw her alive on Nov. 5 19 46

Immediate cause of death Patent Ductus
Circulatory

Due to premature 7 1/2 months

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. D. ... M. D.
M. D. or other

Address Frederick, Maryland Date signed 11-6-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information requested. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

Reg. Dist. No. 1103450

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 45 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles J. Bittly

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Effie T. Brown

7. Birth date of deceased (mo., day, yr.)

Oct 28, 1862

6. (c) If alive, give age..... years

8. AGE:

Years 84 Months — Days 11 hrs. min.

9. Birthplace

M. Myersville, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

Retired coach maker

11. Industry or business

Own firm

FATHER

12. Name..... William M. Bittly13. Birthplace..... Myersville, Md.

MOTHER

14. Maiden name..... Eatherine Rutzahn15. Birthplace..... M. Myersville, Md.16. Informant..... Lawson J. BittlyAddress..... Myersville, Md.17. Burial (Burial, cremation, or removal, which?) Date thereof..... Nov 11, 1946
(month) (day) (year)Cemetery or crematory..... St. Paul's LutheranLocation..... Myersville18. Funeral director..... Paul J. BittlyAddress..... Myersville, Md.19. (Date rec'd by registrar)..... Edgar Bittly
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

2. (a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 9 1946 at B30A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 45 to Nov 9 1946and that I last saw him alive on Nov 8 1946

Immediate cause of death.....

DURATION

Chronic interstitial nephritis

Due to.....

Durations four months. CURED.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

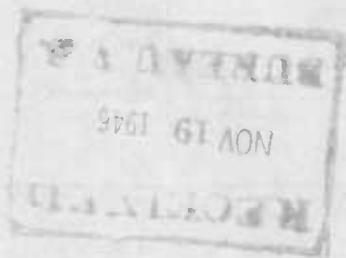
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J E Harp mdAddress..... Widdowson M. D. or otherDate signed 11-9-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2407

CERTIFICATE OF DEATH

 ★ 11020
 Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred:

Near Shookstown

How long in hospital or institution?

3. (a) FULL NAME

HARVEY LESLIE BLANK, SR.

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M8. (b) Name of husband or wife Olive May Stup6. (c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) January 11, 1892

8. AGE:

Years

54

Months

10

Days

16

If less than one day

..... hrs. min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation Stone Mason

11. Industry or business

12. Name Lewis Blank13. Birthplace Frederick County Maryland14. Maiden name Fannie Kline15. Birthplace Frederick County Maryland16. Informant Mrs. Olive BlankAddress R. F. D. #5, Frederick, Maryland17. Burial Date thereof 11/29/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Spring CemeteryLocation Frederick, Maryland - Rural18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29 Nov 1946

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Shookstown

(If rural, give LOCATION)

2. (d) If veteran, name war None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27th, 1946 at 10:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 20th 1946 to Nov 27 1946and that I last saw him Nov 27 1946Immediate cause of death SpontaneousDue to Heart Attack

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedger M. D.

M. D. or other

Address Frederick, Maryland Date signed 11-28-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

11021

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:
Fredrick City Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 807 East B St
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Ira Isom Bohrer

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 7 1888
 8. AGE: Years 58? Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation B & O R R Conductor
 11. Industry or business Transportation
 12. Name Bohrer
 13. Birthplace West Virginia
 14. Maiden name Eliza E. Hoil
 15. Birthplace West Virginia

16. Informant Ira Isom Bohrer
 Address Brunswick Md
 17. Burial Date thereof Nov. 17 1946
 (Burial, cremation, or removal) (month) (day) (year)
 Cemetery or crematory Park Heights
 Location Brunswick Md.
 18. Funeral director C. N. Fetter & Son
 Address Brunswick Md.
 19. 15-Nov-46 Elizabett G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 November 1946 at 1:40 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 November 1946 to 14 Nov 1946
 and that I last saw him alive on 14 November 1946
 Immediate cause of death Uremia
 Due to Hypertensive Heart Disease 2 yrs (?)
 Due to Hypertension, essential (?) 10 yrs (?)
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Collier M.D.
 Address Fredrick, Md Date signed 15 Nov 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County... Frederick
 City or town... Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
50 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
No
 2. (a) If veteran, name war

3. (a) FULL NAME

Jacob Martin Bowman

3. (b) Social Security Number

213-01-9298

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Margaret Smith Bowman6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

July 9, 1878

8. AGE:

Years

68

Months

4

Days

7

If less than one day

.....hrs.min.

9. Birthplace Sabillasville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Blacksmith

11. Industry or business

FATHER

12. Name

Jacob M. Bowman

13. Birthplace

Sabillasville, Md

MOTHER

14. Maiden name

Catherine Comfort.

15. Birthplace

Sabillasville, Md.

16. Informant

Mrs. Jacob Bowman

Address

Sabillasville, Md

17.

BurialDate thereof Nov. 18, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Mt Bethel Cemetery

Location

Cascade, Md

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

19.

Nov. 18, 1946
(Date rec'd by registrar)Blanche & Evelyn
24-2-1946
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1946, at 4 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-18-1930 to 11-16-1946 and that I last saw him alive on 11-15-1946

Immediate cause of death

Apoplexy

DURATION

Due to

Due to

Other conditions

Chronic myocarditis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. C. Brichus
H. C. Brichus
Date signed 11-16-46

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NOV 21 1946
BUREAU OF AERONAUTICS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-2)

CERTIFICATE OF DEATH

 11023 131
 Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 Years
 Hospital, institution, or street address where death occurred:
Near Mount Pleasant
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Mount Pleasant
 (If rural, give LOCATION)
 2.(a) if veteran, name war None

3. (a) FULL NAME

HENRY BOYD

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M
 6.(b) Name of husband or wife Viola H. Jackson
 6.(c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) August 10, 1858
 8. AGE: Years 88 Months 3 Days 7 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Edward Boyd

13. Birthplace Frederick County Maryland

14. Maiden name Maria (last name unknown)

15. Birthplace Frederick County Maryland

16. Informant Mrs. Viola Boyd

Address R.F.D.#1, Frederick, Maryland

17. Burial Waymans Methodist Cemetery Date thereof 11/20/46
 (Burial, cremation, or removal, if other)

Cemetery or crematory Nr. Mt. Pleasant - Fred's - Rural

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 18 Nov 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1946 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 19 46 to Nov. 17 19 46

and that I last saw him alive on Nov. 11 19 46

Immediate cause of death Uremia

Due to Prostatic enlargement, suprapubic

Duration several years

Due to Prostatic enlargement, suprapubic

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

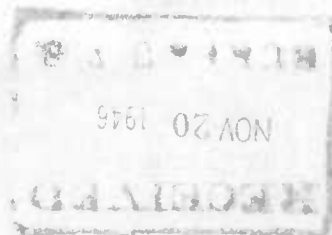
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Lick M. D.

M. D. or other

Address Frederick, Maryland Date signed 11-18-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution? 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick (Rural) Montevue
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

ROBERT FRANKLIN BUTLER

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

December 7, 1875

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

70

10

25

_____ hrs.

_____ min.

9. Birthplace Burkittsville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Farm Hand

11. Industry or business

FATHER

12. Name Robert Butler13. Birthplace Maryland

MOTHER

14. Maiden name Don't Know

15. Birthplace

16. Informant Records at MontevueAddress Frederick, Maryland17. Burial Date thereof November 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation East of Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. H. Now 1946
(Date rec'd by registrar)Elizabeth G. Hech
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1946, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 19____, to _____ 19____and that I last saw him alive on _____ 19____

Immediate cause of death

Cerebral Hemorrhage

DURATION

Instantaneous

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

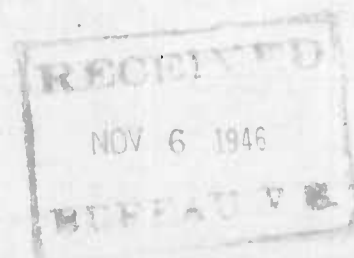
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Address Frederick, Md Date signed 2 Nov '46



1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

110251310
Reg. Dist. No.

1. PLACE OF DEATH:

County Fredrick
City or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 hours
Hospital, institution, or street address where death occurred:
Fredrick City Hospital
How long in hospital or institution? 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
City or town Fredrick Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. "A" St.
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME

Pearl Eva Chew

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Joseph E. Chew
6. (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Mar 11, 1888

8. AGE: Year 58 Months 8 Days 18 hrs. min.

8. Birthplace Virginia
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Grant Hanes
13. Birthplace Virginia

MOTHER 14. Maiden name Mary Virginia Frye
15. Birthplace Virginia

16. Informant Joseph E. Chew
Address Brunswick Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Dec. 2, 1946
(month) (day) (year)
Cemetery or crematory Reformed Cemetery
Location Knoxville Md.

18. Funeral director C. B. Felt & Son
Address Brunswick Md.

19. 30 Nov 1946 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 November 1946 at 11:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 November 1946 to 29 Nov. 1946
and that I last saw him alive on 29 Nov. 1946

Immediate cause of death Diabetic Coma DURATION 36 hrs. (?)

Due to Diabetes mellitus 15 yrs. (?)

Due to

Other conditions Auricular Fibrillation ?

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley, M.D.
M.D. or other

Address Fredrick, Md. Date signed 30 Nov. 46

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 4 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11026

Reg. Dist. No. 1340

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg, Md. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Emmitsburg, Md. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ida Jane Cool

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

8. (b) Name of husband or wife Samuel D. Cool

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 27, 18638. AGE: Years Months Days If less than one day
82 10 25 _____ hrs. _____ min.9. Birthplace Adams County, Pennsylvania
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name James Oliver Sanders13. Birthplace Adams County, Pennsylvania14. Maiden name Dorothy Kepley15. Birthplace Unknown16. Informant George F. CoolAddress Emmitsburg, Md.17. Burial Date thereof Nov. 25, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph's CemeteryLocation Emmitsburg, Md.18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. Nov-24 19 46
(Date rec'd by registrar)M. F. Shuff
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 19 46 at 2:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 19 _____ to Nov 23 19 46
and that I last saw him/her alive on Nov 22 19 46

Immediate cause of death

arteriosclerotic conduction-vascular diseaseDue to with chronicmyocarditisDue to severalyearsOther conditions arterioscleroticgangrene left leg

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE

W. F. Shuff
Address Emmitsburg, Md. Date signed 11-24-46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 820

CERTIFICATE OF DEATH

Reg. Dist. No. 11027 1310

1. PLACE OF DEATH: *Fredrick*
 County *Fredrick*
 City or town *Fredrick*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *1 week*
 Hospital, institution, or street address where death occurred:
Fredrick City Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *MD* County *Fredrick*
 City or town *Momonica*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME *Orampton Eleanor*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *Colored* 6. (a) Single, married, widowed, or divorced *widowed*
 6. (b) Name of husband or wife *Deceased*
 B. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) *June 1862*
 8. AGE: Years *4* Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace *MD*
 (Town, county, and state)
 10. Usual occupation *Housewife*
 11. Industry or business *Orampton Chambers*
 12. Name *Deceased*
 13. Birthplace *New Market MD*
 14. Maiden name *Mary Flowers*
 15. Birthplace *New Market MD*

16. Informant *Mrs Addie Gram*
 Address *New Market MD*
 17. *Burial* Date thereof *Nov 19-1946*
 (Burial, cremation, or removal of body) (month) (day) (year)
 Cemetery or crematory *Simpson's Chapel*
 Location *New Market MD*
 18. Funeral director *W.E. Falconer*
 Address *New Market MD*

19. *17 Nov* 19 *46* *Elizabeth G. Heck*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov 15* 19 *46* at *7:15* AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 7* 19 *46* to *Nov 15* 19 *46*
 and that I last saw him alive on *Nov 15* 19 *46*

Immediate cause of death *Cerebral Hemorrhage*
 Due to *arterio Sclerosis*
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE *E.P. Thomas*
 M. D. or other _____
 Address *Fredrick MD* (Signature) *Nov 16-46*

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-E

CERTIFICATE OF DEATH

11028

Reg. Dist. No. 139 0

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/19/41
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/19/41

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 426 Millington Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war. _____ ✓

3. (a) FULL NAME

William G. Crofoot

3. (b) Social Security Number

218-03-5334

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of ~~deceased~~ wife Leona H. Crofoot

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 28, 1911

8. AGE:

Years

35

Months

3

Days

20

If less than one day

_____ hrs. _____ min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Aeroplane assemblyman

11. Industry or business

12. Name George Crofoot13. Birthplace Maryland14. Maiden name Anna Mitchell15. Birthplace Maryland16. Informant DeceasedAddress 426 Millington Ave., Balto., Md.17. Unknown Burial Date thereof Unknown 11/20/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Unknown London ParkLocation Unknown Baltimore, Md.18. Funeral director M. L. Creager & Son H. H. WrightAddress (Thurmont) Maryland Balto. Md.19. 11/17 46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 46, at 5:20 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 19 41 to Nov. 17 19 46 and that I last saw him alive on November 17 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

6 1/2 Yrs~~Next~~Tuberculous Enteritis2 1/2 Yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings at operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

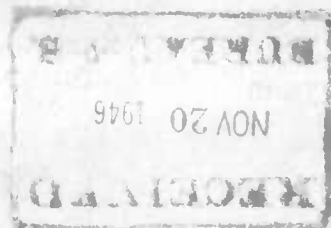
Means of injury _____

Injured at work? _____

23. SIGNATURE _____

M. D. X306Address State Sanatorium, Md. Date signed 11/18/46

58-1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 11029
 Reg. Dist. No. 131

1. PLACE OF DEATH:

 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since September 16, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Maryland County Frederick
 City or town Adamstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

EDNA CLEM CROMWELL

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 3, 1875

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>13</u>	_____ hrs. _____ min.

9. Birthplace Nr. Buckeystown-Frederick-Md.
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER	12. Name <u>Arthur Cromwell</u>
	13. Birthplace <u>Frederick County Maryland</u>

MOTHER	14. Maiden name <u>Christianna W. Trundle</u>
	15. Birthplace <u>Frederick County Maryland</u>

 16. Informant Mr. A. Hayes Cromwell
 Address Adamstown, Maryland

 17. Burial Date thereof 11/18/46
 (Burial, cremation, or removal, which?) (month) (day) (year)

 Comolory or cemetery Mount Olivet Cemetery
Frederick, Maryland
 Location _____

 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

 19. 16 Nov 19 46
 (Date rec'd by registrar)

Elizabeth G. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1946 at 5 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan. 3, 1946 to Nov. 15, 1946
 and that I last saw her alive on Nov. 14, 1946

Immediate cause of death

Carcinoma of colon
Metastasis in
Spleen & liver

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

 23. SIGNATURE B. D. Thomas M. D.
 Address Frederick, Maryland Date signed 11-16-46

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NOV 20 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1390

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 10/8/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 10/8/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Union Bridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route 2
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Henry M. Damewood

3. (b) Social Security Number

578-16-0027

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife

6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) December 16, 1868

8. AGE: Years 77 Months 11 Days 1 If less than one day..... hrs. min.

9. Birthplace Craig County, Virginia
(Town, county, and state)
10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Anderson M. Damewood
13. Birthplace Newcastle, Virginia
MOTHER 14. Maiden name Delphia Ann Kern
15. Birthplace Fincastle, Virginia

18. Informant Mrs. Lacy Testerman (adopted daughter)
Address Rt.2, Union Bridge, Md.

11. Unknown Burial Date thereof Unknown 11/20/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Unknown Sterling Cemetery
Location Unknown Sterling, Va.

18. Funeral director D. D. Hartzler & Sons
Address Union Bridge, Maryland

19. 11/18 19 46
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 46 at 11:05 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 8 19 45 to Nov. 17 19 46
and that I last saw him alive on November 17 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 2 Yrs.

Due to.....

Due to.....

Other conditions Diabetes Mellitus Unknown
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. D. Lyn M. D. XXXX
Address State Sanatorium, Md. Date signed 11/18/46

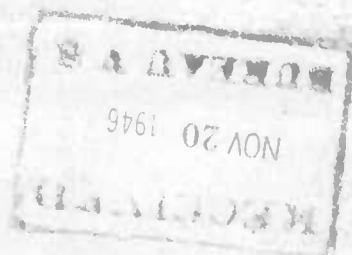
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9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11031

Reg. Dist. No. 1440

1. PLACE OF DEATH:
 County Frederick
 City or town Thurmont. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long to above place of death? 64 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Frederick
 City or town Thurmont.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME John McClellan Davis.

3. (b) Social Security Number
No

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Elsie Martin Davis
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) Feb. 28. 1882
 8. AGE: 64 Years 9 Months 1 Days It less than one day
hrs.min.

9. Birthplace Thurmont. Fredk Co. MD
 (Town, county, and state)
 10. Usual occupation Employee H&F Rail Road
 11. Industry or business Retired.

FATHER
 12. Name Mc Clellan Davis
 13. Birthplace Thurmont. MD
 MOTHER
 14. Maiden name Elizabeth Hann
 15. Birthplace Thurmont. MD

16. Informant Phyllis J. Davis
Thurmont. MD

Address Burial
 17. (Burial, cremation, or removal, Which?) Dec. 3. 1946
 Date thereof (month) (day) (year)
Blue Ridge Cemetery
 Cemetery or crematory Thurmont. MD.
 Location

18. Funeral director M. L. Creager & Son.
Thurmont. Md.
 Address

19. Dec. 2. 1946
 (Date rec'd by registrar) Blanche S. Eyles
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29th. 1946 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 2. 1946 to Nov. 29. 1946
 and that I last saw him alive on November 28. 1946

Immediate cause of death uremia
 DURATION 3 days

Due to Cardio-vascular - renal disease
 ?

Due to
 Other conditions

(Include pregnancy within 3 months of death)
 Major findings of operations none

Date of op.

Autopsy results not done
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE M. Franklin Binsch M.D.
Thurmont, Md. M. D. or other
 Address Date signed Dec. 2. 46

CERTIFICATE OF DEATH

STATE OF TEXAS

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents of this certificate are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1360

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Hope Hill
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hope Hill
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES EMORY DIGGS

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced S
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) April 10, 1903 6.(c) If alive, give age _____ years
 8. AGE: Years 43 Months 7 Days 17 If less than one day _____ hrs. _____ min.

8. Birthplace Hope Hill-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Arthur Diggs
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Daisy Holland
 15. Birthplace Frederick County Maryland

16. Informant Arthur Diggs
 Address R. F. D. #2, Frederick, Maryland

17. Burial 11/30/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hope Hill Cemetery
Near Urbana, Maryland
 Location

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. Nov-30 1946 G. O. Lindbeck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1946 at 2:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on
above date - (one visit) 19____
 and that I last saw him alive on above date 19____

Immediate cause of death Cerebral emboli DURATION 5 hr - ?

Due to ?

Due to ?

Other conditions Paraplegia (mild)
since child hood
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE U. G. Bourne Jr M. D.
 Address Frederick, Maryland M. D. or other _____
 Date signed 11-28-46

RECEIVED

DEC 4 1946

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
3 McMurray Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3 McMurray Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
BENJAMIN ROSENOUR DIXON

3. (b) Social Security Number
214-10-2871

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Margaret A. Stang</u>		
6. (c) If alive, give age <u>37</u> years		
7. Birth date of deceased (mo., day, yr.) <u>January 28, 1894</u>		
8. AGE: Years <u>52</u>	Months <u>10</u>	Days <u>1</u>
If less than one day hrs. min.		

9. Birthplace Park Mills-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Welder

11. Industry or business Frederick Iron & Steel Co.

FATHER 12. Name James B. Dixon

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Martha E. Nickols

15. Birthplace Frederick County Maryland

16. Informant Mrs. Margaret Dixon

Address 3 McMurray St., Frederick, Md.

17. Burial Date thereof 12/3/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 3 Dec 1946 Eligbeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1946 at 5:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 1946 to Nov 29 1946

and that I last saw him alive on Nov 29 1946

Immediate cause of death Sulfuric acid

hemorrhage

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

.....

.....

.....

23. SIGNATURE M. D.

Address Frederick, Maryland Date signed 11-30-46

cc. yr.

RECEIVED

DEC 4 1946

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No.

11034

126

1. PLACE OF DEATH:

County Frederick
 City or town Urbana
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Urbana
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war _____

3. (a) FULL NAME

CHARLES WILLIAM DRONENBURG

3. (b) Social Security Number

214-14-6025

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Manzella Tucker6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) May 5-1873

8. AGE: Years Months Days If less than one day
73 6 5 _____ hrs. _____ min.

9. Birthplace Urbana Frederick Co. - Md.
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Charles W. Dronenburg13. Birthplace Frederick Co. Md.14. Maiden name Anne Rebecca Dudtrow15. Birthplace Frederick County Md.16. Informant Mrs. Charles W. DronenburgAddress Urbana, Md.17. Burial Date thereof Nov. 12-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Episcopal CemeteryLocation Urbana, Md.18. Funeral director C.E. Cline and SonAddress Frederick, Md.19. 11 Nov 1946 G.O. Fredrickson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10th. 1946 at 9 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____
 and that I last saw him dead on Nov. 10 1946

Immediate cause of death Coronary Thrombosis DURATION 10 min.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thurnaght M.D. Asst. Deputy Medical Exam.Address Frederick, Md. Date signed Nov. 11, 1946

REC
NOV 15 1946
BUREAU OF

1-35-

Mr. B. A. Thomas, Jr.



MARGIN RESERVED FOR BINDING



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

★ 11036
Reg. Diat. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 7/29/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 7/29/46

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3203 Abell Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME

Steven Arlow Ekovich

3. (b) Social Security Number

220-09-2174

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Frances Ekovich

6. (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.)

Feb. 25, 1902

8. AGE:

Years

44

Months

8

Days

9

If less than one day

hrs. min.

9. Birthplace

Brownsville, Pa.

(Town, county, and state)

10. Usual occupation

Dry Cleaning

11. Industry or business

Michael Ekovich

FATHER

12. Name

Yugoslavia

13. Birthplace

Mary Arlow

MOTHER

14. Maiden name

Yugoslavia

15. Birthplace

Deceased

16. Informant

Address

Unknown Remains Unknown

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Unknown

Location

McLellands Unknown Town, Pa.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19. (Date rec'd by registrar)

11/4/46

19

[Signature]

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 19 46 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 29

19 46

to

Nov. 3

19 46

and that I last saw him alive on November 3 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

6 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

[Signature]

M. D. [Signature]

Address State Sanatorium, Md.

Date signed 11/4/46

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11037 310

1. PLACE OF DEATH:

County FrederickCity or town Mt. Pleasant
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Mt. Pleasant
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert E. Eyles

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Annie J. Geissinger7. Birth date of deceased (mo., day, yr.) April 6, 1861 6. (c) If alive, give age _____ years8. AGE: Years 85 Months 7 Days 21 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business _____

12. Name Martin L. Eyles13. Birthplace Frederick Co.14. Maiden name Catherine Eyles15. Birthplace Pennsylvania16. Informant Mrs. Harry W. GreenAddress Frederick, R. F. D.17. Burial Date thereof Nov 30, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rocky HillLocation Mt. Woodsboro18. Funeral director G. C. BartonAddress Walkersville19. 29 Nov 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1946 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Nov. 27, 1946

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

M. V. or other

Address Johnsville Date signed Nov 28

MAINTAIN STATE OF MIND

CERTIFICATE OF DEATH

1-35

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DEC 2 1946

RECEIVED A.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-2

CERTIFICATE OF DEATH

★ 11038
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital
5 Days

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Thurmont-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Thurmont

(If rural, give LOCATION)

None

2.(a) If veteran, name war.

3. (a) FULL NAME

JAMES DARBY FOUT

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife.

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) August 7, 1946

8. AGE: Years 0 Months 3 Days 3 If less than one day
hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation.

Infant

11. Industry or business

FATHER 12. Name J. Austin Fraley
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Frances Staub
15. Birthplace Carroll County Maryland

16. Informant Mrs. Frances Fout
Address R. F. D. #1, Thurmont, Maryland

17. Burial Date thereof 11/12/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 12 Nov 1946 Elizabeth G. Hesk.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1946 8:50A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 5 1946 to Nov 10 1946

and that I last saw him alive on Nov 10 1946

Immediate cause of death

Pneumonia

DURATION

3 days

Due to

Acute Bronchitis6 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE M. D.
M. D. or other

Address Frederick, Maryland Date signed 11-11-46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9370

CERTIFICATE OF DEATH

Reg. Dist. No. 1340

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rocky Ridge - MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Carrie Irene Garber

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife Samuel Garber7. Birth date of deceased (mo., day, yr.) Sept 9 - 1872

8. (c) If alive, give age _____ years

8. AGE: Years 74 Months 2 Days 9 It less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name James H. Bruce Ogle13. Birthplace Frederick Co14. Maiden name Laura C. Mathias15. Birthplace Frederick Co16. Informant Benjamin C. OgleAddress Emmitsburg Md17. (Burial, cremation, or removal. Which?) Burial Date thereof Nov 21, 1946
(month) (day) (year)Cemetery or crematory Mt HopeLocation Woodsboro Md18. Funeral director M. L. Meager & SonAddress Thurmont Md19. Nov 19 19 46 M. L. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 19 46, at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 1 - 19 46, to Nov. 18 19 46and that I last saw her alive on Nov. 15 19 46

Immediate cause of death Heart failure due to
Chr. myocarditis
 DURATION 1 yr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James K. Gray M.D. M. D. or otherAddress Thurmont Md Date signed Nov. 19 '46

CERTIFICATE OF DEATH

A TRUE RECORD OF THE DEATH OF

MEDICAL CERTIFICATE

RECEIVED
NOV 22 1946
BUREAU V A

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11040

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/22/44
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/22/44

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1822 N. Durham St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William J. Gorman

3. (b) Social Security Number

215-09-8339

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

June 23, 1877

8. AGE:

Years

69

Months

4

Days

28

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

FATHER

12. Name

Owen Gorman

13. Birthplace

Ireland

MOTHER

14. Maiden name

Mary Dolan

15. Birthplace

Maryland

18. Informant

Deceased

Address

W. J. Gorman

17.

Unknown Burial 11/23/44 Unknown

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Unknown Cathedral

Location

Unknown Baltimore, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19.

Nov 21 46

(Date rec'd by registrar)

19.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 19 46 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 19 44 to Nov. 20 19 46and that I last saw him alive on November 20 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

About 3 years.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

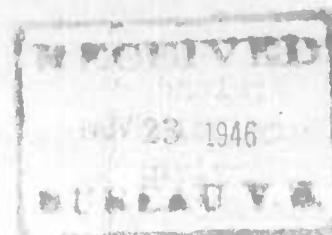
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. LynnM. D. XXXXAddress State Sanatorium, Md. Date signed 11/21/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Fredrick
 City or town Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 126 East Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Benjamin Franklin Grushon

3. (b) Social Security Number

4. Sex m 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Mae Harner Grushon
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 3, 1884
 8. AGE: Years 63 Months 3 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Fredrick County, Md.
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas Henry Grushon
 13. Birthplace Fredrick Co, Md.
 MOTHER 14. Maiden name Ellen A. Reighter
 15. Birthplace Fredrick Co, Md.

18. Informant Mae Grushon
 Address Emmitsburg, Md.

17. burial Date thereof Nov 23 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt View
 Location Emmitsburg, Md.

18. Funeral director S. L. Allison
 Address Emmitsburg, Md.

19. Nov 21 19 46 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 19 46 at 6-30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 46 to Nov 20 19 46
 and that I last saw him alive on Nov 19 19 46

Immediate cause of death Cerebral hemorrhage 48 hours
Hypertension - several years
 Due to _____
 Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Cagle M.D. M. D. or otherAddress Emmitsburg Md Date signed 11-21-46

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED

NOV 26 1946

BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1220

CERTIFICATE OF DEATH

Reg. Dist. No.

11042

1310

1. PLACE OF DEATH:

County Frederick
 City or town Frederick City Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital, Frederick, Md.
 How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick
 City or town New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

MRS. IDA G. HARSHMAN

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

deceased

7. Birth date of deceased (mo., day, yr.)

Sept 4 - 1870

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

76

2

15

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

xxx

FATHER
MOTHER

12. Name

Lewis Rushman

13. Birthplace

Maryland

14. Maiden name

Catherine Helander

15. Birthplace

Maryland

16. Informant

Harry Harshman

Address

Mt Airy Md

17.

(Burial, cremation, or removal, which?)

Date thereof

Nov 22 - 1946

Cemetery or crematory

Pleasant Hill

Location

Monrovia Md

18. Funeral director

J.E. Falconer

Address

New Market Md

19.

20 Nov 1946
(Date rec'd by registrar)

1946

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1946 at 1230 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 13 1946 to Nov 19 1946and that I last saw her alive on Nov 14 1946

Immediate cause of death

DURATION

Pulmonary edema

Due to

Due to

Other conditions

Strangulated Umbilical Hernia

(Include pregnancy within 3 months of death)

Major findings of operations

Strangulated Bowel

Date of op.

Nov 14 - 46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

OP Thomas
Frederick Md

Date signed

Nov 20 - 46

RECEIVED
NOV 23 1946
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11043

1. PLACE OF DEATH:

Cously FredensCity or town Fredens
(If outside city or town limits, write RURAL and give nearest town)How long is above place of death? 3 years

Hospital, institution, or street address where death occurred:

411 N. Benty St

How long is hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredensCity or town Fredens
(If outside city or town limits, write RURAL and give nearest town)Street No. 411 N. Benty St
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Ruth Alcesta Wingert Heffner

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Wm W. Heffner6. (c) If alive, give age 54 years

7. Birth date of

deceased (mo., day, yr.)

Jan 31 1909

8. AGE:

Years

Months

Days

If less than one day

36924

hrs.

mis.

9. Birthplace

Chambersburg Pa
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Charles J Wingert

12. Name

Hagerstown, Md

13. Birthplace

Mary P. Zeigler

14. Maiden name

Hagerstown, Md

15. Birthplace

Wm W. Heffner

16. Informant

Fredens, MdBurial

(Burial, cremation, or removal, which?)

Date thereof Nov 27, 1946

(month) (day) (year)

17. Cemetery or crematory

Mt. Olivet

18. Location

Fredens, Md

19. Funeral director

Harry E. Cart, Co

20. Address

Fredens, Md21. 27 Nov

(Date rec'd by registrar)

19. 46

(Year)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25 19. 46 st. 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-24 19. 46 to 11-25 19. 46and that I last saw h. ex. alive on 11-25 19. 46

Immediate cause of death

Tuberculosis

DURATION

2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

U. G. Brown

M. D. or other

Address Fredens, Md Date signed 11/26/46

REPORT OF THE

RECEIVED

NOV 29 1946

DEPT. OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
118 E. South St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 118 E. South St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3.(a) FULL NAME

Franklin Thomas Hilderbrand

3.(b) Social Security Number

214-10-5593

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Delphia J. Fogle
 6.(c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) 10-23-1875
 8. AGE: Years 71 Months 0 Days 23 If less than one day
hrs.min.

9. Birthplace Frederick County, Md.
 (Town, county, and state)
 10. Usual occupation Hatchman
 11. Industry or business Canning Factory
 12. Name Samuel J. Hilderbrand
 13. Birthplace Frederick Co. Md.
 14. Maiden name Matilda Shafer
 15. Birthplace Frederick Co. Md.

16. Informant Mrs. Franklin J. Hilderbrand
 Address 118 E. South St. - Frederick Md.
 17. Burial Date thereof 11-18-1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Houbs Cemetery
 Location N. of Frederick
 18. Funeral director J. E. Cline & Son
 Address Frederick - Md.
 19. 16 Nov 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1946, at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1946 to Nov. 15, 1946
 and that I last saw him alive on Nov. 16th 1946

Immediate cause of death

Cardiac Dropsy
Hypertension

DURATION

30

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hedger M. D. or otherAddress Frederick Md Date signed 11-18-46

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

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RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY
NOV 20 1946
RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

Reg. Dist. No. 11045 139

1. PLACE OF DEATH: **Frederick**
 County **State Sanatorium, Maryland**
 City or town **Since 1/10/44**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 1/10/44**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 1/10/44**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Carroll**
 City or town **Sykesville**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME
Eleanor D. Hipsley

3. (b) Social Security Number
None

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of husband ~~XXXX~~ **Evan Hipsley**

7. Birth date of deceased (mo., day, yr.) **January 23, 1913**

8. AGE: Years **33** Months **9** Days **13** If less than one day _____ hrs. _____ min.

9. Birthplace **Queen Anne Co., Md.**
 (Town, county, and state)

10. Usual occupation **Social Worker**

11. Industry or business _____

FATHER 12. Name **Norman S. Dudley**
 13. Birthplace **Maryland**

MOTHER 14. Maiden name **Clara Walls**
 15. Birthplace **Maryland**

16. Informant **Deceased**

Address _____

17. **Unknown** Date thereof **Unknown**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Unknown**

Location **Unknown**

18. Funeral director **Edgar L. Lane**

Address **Church Hill, Md.**

19. **11/5** 19 **46**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 5** 19 **46** at **8:35A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **January 10** 19 **44**, to **Nov. 5** 19 **46**
 and that I last saw her alive on **November 5** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **3 Yrs.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

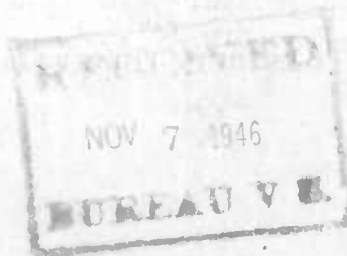
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE **J. B. Lynn** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **11/5/46**



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-d

CERTIFICATE OF DEATH

11046

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

46

Elizabeth H. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 30 - 1946, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1

1946

to Nov. 30

1946

and that I last saw him alive on

Nov. 30

1946

Immediate cause of death

Emiplegia, st.

DURATION

2 years

Due to

Due to

Other conditions

Sensitivity

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas J. M.D.

M. D. or other

Address

Frederick, Md.

Date signed

Dec-2, 1946

RECEIVED

DEC 4 1946

BUREAU

1-35

L. B. ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

11047

Reg. Dist. No. 1340

1. PLACE OF DEATH: *Friedrich*
 County *Frederick*
 City or town *Emmitsburg, Md*
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:
 Stay in hospital or inst. (yrs., or mos., or days)
 Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Frederick*
 City or town *Emmitsburg* Ward No.
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No.
 (If rural give LOCATION)
 2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME *Joseph Hranicka*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widower*

6. (b) Name of husband or wife *Johanne Hranicka*
 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) *Jan - 21 - 1857*

8. AGE: Years *89* Months *10* Days *5* If less than one day hrs. min.

9. Birthplace *Prague Austria*
 (Town, county, and state)

10. Usual occupation *Shoe manufacturer*

11. Industry or business *making shoes*

12. Name *unknown*

13. Birthplace *unknown*

14. Maiden name *unknown*

15. Birthplace *unknown*

16. Informant *Joseph Hranicka Jr*

Address *3631 Elmwood Ave - Baltimore Md*

17. *Burial* Date thereof *Nov 29, 1946*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *St. Vicens*

Location *Emmitsburg Md*

16. Funeral director *A. L. Allison*

Address *Emmitsburg Md*

19. *Nov 29* 19 *46* *M. F. Shuff*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *November 26 - 1946* at *8 P. M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct - 11 - 1946* to *Nov. 26 - 1946* and that I last saw him alive on *Nov. 26 - 1946*

Immediate cause of death *Progressive Benile Arteriosclerosis*

Due to *Chronic interstitial myocarditis*

Due to *Myocardial insufficiency*

Other conditions *Chronic Bronchitis*

Major findings: *No operation*
 Df operations
 Df autopsy *no autopsy*

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide *No* Date of
 Where did injury occur? *No injury* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE *George H. Riggs MD*
 Address *Emmitsburg Md* Date signed *11-26-46*

DURATION

1936

1941

1940

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VSA15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED
DEC 3 1946
BUREAU 8

1135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

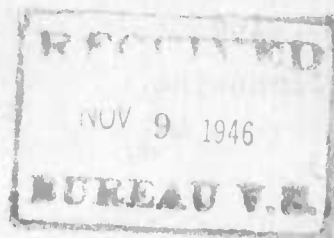
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 11048
 Reg. Dist. No. 139

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 5/21/46</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 5/21/46</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Montgomery</u> City or town <u>Silver Spring</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>712 Ritchey Ave.</u> (If rural, give LOCATION) 2.(a) If veteran, name war. <input checked="" type="checkbox"/>	
3. (a) FULL NAME <u>Wallace H. Jennewine</u>		3. (b) Social Security Number <u>225-05-223</u>	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband wife <u>Gladys T. Jennewine</u> 6. (c) If alive, give age <u>40</u> years			
7. Birth date of deceased (mo., day, yr.) <u>May 26, 1903</u>			
8. AGE: Years <u>43</u> Months <u>5</u> Days <u>11</u> If less than one day .hrs. .min.	20. DATE OF DEATH <u>November 6</u> 19 <u>46</u> at <u>11:55</u> ^A _M		
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 21</u> 19 <u>46</u> , to <u>Nov. 6</u> 19 <u>46</u> and that I last saw h. <u>im</u> alive on <u>November 6</u> 19 <u>46</u> Immediate cause of death <u>Pulmonary Tuberculosis</u> DURATION <u>13 Mos.</u>			
9. Birthplace <u>Pt. Marion, Pa.</u> (Town, county, and state)			
10. Usual occupation <u>Meat Cutter</u>			
11. Industry or business			
FATHER 12. Name <u>William Jennewine</u> 13. Birthplace <u>West Virginia</u>			
MOTHER 14. Maiden name <u>Rachel Dickenson</u> 15. Birthplace <u>West Virginia</u>			
16. Informant <u>Deceased</u> Address <u>Unknown</u>			
17. Burial, cremation, or removal. Which? <u>Burial</u> Date thereof <u>Unknown</u> <u>11/8/46</u> (month) (day) (year) Cemetery or crematory <u>Unknown</u> <u>Washington Mem.</u> Location <u>Prinia</u> <u>Unknown</u> <u>Georg. Co. Md.</u>			
18. Funeral director <u>Warner E. Pumphrey</u> Address <u>Silver Spring, Md.</u>			
19. (Date rec'd by registrar) <u>11/8/46</u> 19 <u>46</u> Registrar <u>[Signature]</u>			
MEDICAL CERTIFICATION 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE <u>[Signature]</u> M. D. <u>[Signature]</u> Address <u>State Sanatorium, Md.</u> Date signed <u>11/6/46</u>			



1-35

Evidence for the change of
date of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. 108 DEC 11 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 11049
131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? Since Sept. 26, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 22 West Seventh Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

PEARL SMALLEY KENNEY

3. (b) Social Security Number

219-20-1997

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Charles F. Kenney

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 6, 1902- 1904

8. AGE: Years 42 Months 2 Days 19 If less than one day
hrs. min.

9. Birthplace Spring Valley-Rockland-New York
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Frederick Tailoring Co.

12. Name Zachariah T. Smally

13. Birthplace Rockland County New York

14. Maiden name Mary Elizabeth Dykon

15. Birthplace Rockland County New York

16. Informant Charles F. Kenney
Address 22 W. 7th St., Frederick, Md.

17. Burial Date thereof Nov. 29, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bloomfield Cemetery

Location Bloomfield, New Jersey

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 26 Nov 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1946 at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept. 26 1946 to Nov. 25 1946
and that I last saw him alive on Nov. 25 1946

Immediate cause of death
Carcinoma; Gall bladder
Metastatic Carcinoma

DURATION

1 year
6 months

Due to 1st PV

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Hanna M. D.

M. D. or other

Address Frederick, Maryland Date signed 11-26-46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 27 1946

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 156

CERTIFICATE OF DEATH

Reg. Dist. No. 1390

1. PLACE OF DEATH: Frederick
County.....
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 4/23/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 4/23/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County.....
City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1836 Harlem Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Jesse Lee

3. (b) Social Security Number
None

4. Sex Male 5. Color or race Yellow 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 6, 1929 6. (c) If alive, give age..... years

8. AGE: Years 17 Months 4 Days 11 If less than one day..... hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

12. Name Lee Quong

13. Birthplace California

14. Maiden name Rose Yet

15. Birthplace Baltimore, Maryland

16. Informant Deceased

Address 1836 Harlem Ave., Baltimore, Md.

17. Burial Date thereof 11/20/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or place of interment Lorraine

Location Woodlawn, Baltimore Co., Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. 11/18/46
(Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 46 at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 19 46 to Nov. 17 19 46 and that I last saw him alive on November 17 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 13 Mos.

~~XXXX~~ Tuberculous Enteritis 3 Mos.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mens of injury Injured at work?

23. SIGNATURE..... M. D. ~~XXXX~~

Address State Sanatorium, Md. Date signed 11/18/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35-

RECEIVED
NOV 20 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

11051

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Wormans Mill

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Urbana

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

RUTH ELIZABETH LENHART

3. (b) Social Security Number

212-24-5034

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

September 30, 1928

8. AGE:

Years

Months

Days

If less than one day

18114

_____ hrs.

_____ min.

9. Birthplace Buckeystown-Frederick-Maryland
(Town, county, and state)10. Usual occupation Clerk

11. Industry or business

FATHER

12. Name

Lewis D. Lenhart, Sr.

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Mary L. House

15. Birthplace

Montgomery County Maryland

16. Informant

Lewis D. Lenhart, Sr.

Address

R. F. D. #2, Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/16/46

(month) (day) (year)

Cemetery or crematory

Flint Hill Methodist Cem.

Location

R. F. D. #2, Frederick, Md.

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 15 Nov

(Date rec'd by registrar)

19 46Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 19 46 at 1:30A?

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

er DEAD November 14th, 19 46

Immediate cause of death

Fractured Skull

DURATION

1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 14 Nov. '46Where did injury occur? U.S. #15 Frederick Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) State HighwayMeans of injury Auto accident Injured at work? No23. SIGNATURE Charles H. Crilly Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 11-14-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 10/9/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 10/9/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Clarence E. Mallott

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of ~~husband~~ Goldie G. Mallott wife

7. Birth date of deceased (mo., day, yr.) August 4, 1905 6. (c) If alive, give age years

8. AGE: Years 41 Months 3 Days 13 If less than one day hrs. min.

9. Birthplace Shepardstown, W. Va.
 (Town, county, and state)

10. Usual occupation Auto Mechanic

11. Industry or business

12. Name George Mallott13. Birthplace ?14. Maiden name Effie Kelly ?15. Birthplace Maryland16. Informant DeceasedAddress R.F.D. 1, Sharpsburg, Maryland

17. Unknown Burial Date thereof Unknown 11/20/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Unknown BakersvilleLocation Unknown Bakersville - Md18. Funeral director Leaf Funeral HomeAddress Williamsport, Maryland

19. 11/18/46 19. 11/18/46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 46 at 11:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 19 46 to Nov. 17 19 46 and that I last saw him alive on November 17 19 46

Immediate cause of death Carcinoma of Left Lung DURATION 6 Mos.

Metastatic carcinoma of Liver 1 Mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

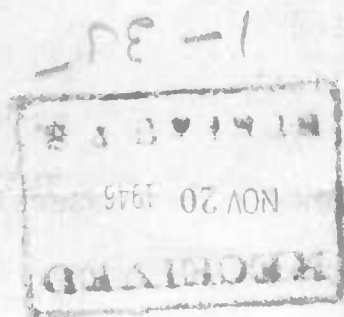
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J. B. Lynn M. D. XXXXAddress State Sanatorium, Md. Date signed 11/18/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61-2)

CERTIFICATE OF DEATH

 11053
 1310
 Reg. Dist. No.

1. PLACE OF DEATH

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 hours
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 10 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Carroll
 City or town New Ridge Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

John Rogers
Basel Bay Maloney

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Infant

6. (b) Name of husband or wife Mother Mrs. Carol Maloney

7. Birth date of deceased (mo., day, yr.) November 29, 1946 6. (c) If alive, give age _____ years

8. AGE: Years 0 Months 0 Days 0 It less than one day 1.0 hrs. _____ min.

9. Birthplace Frederick, Md.
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business _____

12. Name Dr. William Paul Maloney

13. Birthplace Dayton, Maryland

14. Maiden name Mrs. Carol Maloney

15. Birthplace Frederick, Md.

16. Informant Dr. William P. Maloney

Address Mt. Airy, Maryland

17. Burial Date thereof Dec. 2-29-46
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematorium Morgan Chapel

Location Woodbine, Maryland

18. Funeral director P. M. Snyder

Address Mt. Airy, Maryland

19. 30 Nov 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1946 at 5:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29th 19 46 to Nov 30 19 46
 and that I last saw him alive on Nov 29 19 46

Immediate cause of death asphyxia DURATION 10 hrs

Due to congenital defect

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Stanley Grabill M. D. or other _____

Address Mt. Airy, Md. Date signed 11/30/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 11054 1410

1. PLACE OF DEATH:

County Frederick
 City or town Knoxville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Knoxville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel Mollow Marken

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Catharine Fisher
 6. (c) If alive, give age 46 years
 7. Birth date of deceased (mo., day, yr.) Feb. 3rd 1899
 8. AGE: Years 47 Months 9 Days 17 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1946, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1946 to Nov. 20 1946 and that I last saw him alive on Nov. 20 1946

Immediate cause of death acute congestive heart failure DURATION 7

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. B. Carpenter M. D. or otherAddress Loctownville, Va. Date signed 11/22/46

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation B. O. P. P. Engineer
 11. Industry or business Transportation
 12. Name James Howard Marken
 13. Birthplace Maryland
 14. Maiden name George Anna Frye
 15. Birthplace Maryland
 16. Informant _____
 Address _____
 17. Burial Date thereof Nov. 24, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Reformed
 Location Knoxville Md.
 18. Funeral director C. H. Fetter & Bros
 Address Brunswick Md.
 19. 11-24 1946 Eugenia H. Burke
 (Date rec'd by registrar) Registrar
H. B. Carpenter

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

CERTIFICATE OF DEATH



11056

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Doubs

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

HOWARD FRANCIS MILBERRY

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
6. (b) Name of husband or wife		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>November 5, 1946</u>		
8. AGE:	Years <u>0</u>	Months <u>0</u>
	Days <u>0</u>	If less than one day <u>19</u> hrs. <u> </u> min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Lawrence Melvin Milberry, Jr.13. Birthplace Frederick County Maryland14. Maiden name Viola Virginia Lee15. Birthplace Frederick County Maryland16. Informant Mrs. Viola MilberryAddress Doubs, Maryland17. Burial Date thereof 11/7/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or Colored CemeteryLocation Point of Rocks, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 6 Nov 19 46 Elizabeth H. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6th, 1946 at 6:50A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 19 46 to Nov 6 19 46and that I last saw him alive on Nov 6 19 46

Immediate cause of death _____ DURATION _____

Premature 7 monthDue to Exhaustion

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. Lawrence Milberry M. D.Address Frederick, Maryland Date signed 11-6-46

NOV 8 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

11055 131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Doubs
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

JOHN FRANCIS MILBERRY

3.(b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>C</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife _____

B.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 5, 1946

8. AGE:	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If less than one day <u>5</u> hrs. _____ min.
---------	-------------------	--------------------	------------------	--

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business _____

12. Name Lawrence Melvin Milberry, Jr.

13. Birthplace Frederick County Maryland

14. Maiden name Viola Virginia Lee

15. Birthplace Frederick County Maryland

16. Informant Mrs. Viola Milberry

Address Doubs, Maryland

17. Burial Date thereof 11/7/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Colored Cemetery

Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 6 Nov 1946 Elizabeth G. Hoch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 5th 1946 at 4:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1946 to Nov 5 1946 and that I last saw him alive on Nov 5 1946

Immediate cause of death Premature 7 month
Exhaustion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. Lawrence Fabiny M. D.
Frederick, Maryland
Address _____ Date signed 11-6-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (332)

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

11057

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Frederick
 City or town Lewistown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. No (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Ethel Irene Mort

3. (b) Social Security Number

No

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
Spencer E Mort
 6. (b) Name of husband or wife
 6. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) July 24, 1891
 8. AGE: Years 55 Months 4 Days 3 If less than one day
hrs. min.

9. Birthplace Lewistown, Fredk Co. MD
Housewife
 10. Usual occupation
 11. Industry or business Own Home
 12. Name Grant U. Frushour
 13. Birthplace Lewistown MD
 14. Maiden name Catherine R. Main
 15. Birthplace Lewistown MD

16. Informant Curtis Mort
Thurmont. Md. R.F.D.
 Address

17. Burial Date thereof Nov. 30, 1946
 (Burial, cremation, or removal, Which) (month) (day) (year)
 Cemetery or crematory Utica Cem.
 Location Utica. Fredk Co. MD
 18. Funeral director M. L. Creager & Son.
Thurmont. MD.
 Address

19. 29 Nov. 1946 Elizabeth H. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1946 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
 and that I last saw him alive on 19

Immediate cause of death

Cerebral Hemorrhage
 Due to

Arteriosclerosis
 Due to

Other conditions Hypertension
 (Include pregnancy within 3 months of death)
 Major findings of operations None
 Date of op.

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. A. Pearce, M.D.
Indevic, Md. M. D. or other

Address Indevic, Md. Date signed

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1315)

CERTIFICATE OF DEATH



11058

131

Reg. Diat. No.

1. PLACE OF DEATH:

County FrederickCity or town Adamstown - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Years

Hospital, institution, or street address where death occurred:

Near Adamstown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Adamstown

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MARY FLORENCE MOSSBURG

3. (b) Social Security Number

None4. Sex F5. Color or race W6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 2, 18698. AGE: Years 77 Months 2 Days 11 If less than one day hrs. min.9. Birthplace Lime Kiln-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name William H. Mossburg13. Birthplace Frederick County Maryland14. Maiden name Dorcus Ellen Keller15. Birthplace Frederick County Maryland16. Informant Mrs. Lewis M. CutsailAddress Adamstown, Maryland17. Burial Date thereof 11/15/46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 13 Nov 19 46 Elizabeth G. Hede

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 13, 1946 at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 7 1946 to Nov 13 1946and that I last saw him alive on Nov 12 1946

Immediate cause of death

PericarditisDURATION 7 daysDue to Chronic pericarditisDue to nephritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. H. Hede M.D.

Frederick, Maryland

Address Date signed 11-13-46

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MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF BIRTH

Reg. Dist. No. 1310

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stuh)

1. PLACE OF BIRTH:

County Frederick
 City or town Frederick (If outside city or town limits, write RURAL and give nearest town)
 Street address, hospital, or institution: Emergency Hospital
 Length of mother's stay in County 6 yrs.
 (How many years, or months, or days SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
 County Frederick
 City or town Frederick (If outside city or town limits, write RURAL and give nearest town)
 Street No. 24 A - West all locate
 (If RURAL give LOCATION)

3. Name of child George Otis Newman

5. Sex Male

6. Twin or triplet

4. Date of birth Nov. 24 1946 Hour 10:20 A.M.

7. No. of weeks pregnancy 24

FATHER OF CHILD

8. Full name George Edward Newman
 9. Color Colored
 10. Age at time of this birth 29 yrs.
 11. Usual occupation laborer

MOTHER OF CHILD

12. Full maiden name Pearl Savannah Fisher
 13. Color Colored
 14. Age at time of this birth 29 yrs.
 15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
 (b) How many other children were born alive but are now dead? 2 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of no

19. Labor: (a) Complications of no

(b) Induced? no

20. (a) Was there an operation for delivery? no

(Yes or No)

(b) State all operations, if any.

(c) Did child die before operation? no

During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes unknown

(b) Maternal causes "

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature Bernard Thomas P. M.D.
 (Specify if M. D., midwife, or other)

Address Frederick, Md.

23. (a) Burial (b) Date thereof Nov. 26 - 1946
 (Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Montrose Cem.

24. (a) Funeral director E. C. Frost, Supt.

(b) Address Montrose Hosp. Bldg.

25. (a) 26 Nov 1946 (b) Elizabeth G. Heck
 (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
 The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child born 5 hours

RECEIVED

NOV 27 1946

BUREAU V.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 442 +

CERTIFICATE OF DEATH

11059

★ Reg. Dist. No. 1310

1. PLACE OF DEATH: *Frederick*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *5 weeks*
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? *5 weeks*

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Frederick*
 City or town.....*Ladiesburg*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....*None*

3.(a) FULL NAME
Mr. James H. Parsley.

3.(b) Social Security Number
None

4. Sex.....*M* 5. Color or race.....*W* 6.(a) Single, married, widowed, or divorced.....*Married*
 6.(b) Name of husband or wife.....*Elizabeth Parsley*
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....*1-18-1893*
 8. AGE: Years.....*53* Months.....*10* Days.....*3* If less than one day..... hrs. min.

9. Birthplace.....*Howard Co. Ind.*
 (Town, county, and state)

10. Usual occupation.....*Farmer*

11. Industry or business.....*Farm*

12. Name.....*James Parsley*

13. Birthplace.....*Howard Co. Ind.*

14. Maiden name.....*Annie Crist*

15. Birthplace.....*Howard Co. Ind.*

16. Informant.....*Mrs. Elizabeth Parsley*

Address.....*Ladiesburg - Ind.*

17. Burial..... Date thereof.....*11-24-46*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Monterview Cemetery*

Location.....*Howard Co. Maryland*

18. Funeral director.....*C. E. Cluse & Son*

Address.....*Frederick - Ind.*

19. *22 Nov* 19*46* Elizabeth H. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Nov 21* 19*46*, at.....*11* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....*Nov 10* 19*46*, to.....*Nov 21* 19*46*
 and that I last saw him alive on.....*Nov 21* 19*46*

Immediate cause of death.....*Carcinoma of Stomach*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....*Carcinoma*

Date of op.....*Nov 10*

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*E. P. Thomas*

Address.....*Frederick - Ind.*

Date signed.....*Nov 21-46*

RECEIVED

NOV 23 1946

SECRET 18

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents of this certificate are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

Reg. Diat. No. 11060 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/9/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/9/45

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3459 Keswick Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Stephen A. Petett

3. (b) Social Security Number

216-03-5921

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of ~~husband~~ or wife Ethel Petett
 8. (c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) April 13, 1897
 8. AGE: Years 49 Months 7 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Stationery Engineer
 11. Industry or business _____

FATHER 12. Name James Petett
 13. Birthplace Virginia
 MOTHER 14. Maiden name Agnes Lewis
 15. Birthplace Maryland

16. Informant Deceased
 Address Unknown

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11/25/46
 (month) (day) (year)
 Cemetery Baltimore National
 Location Baltimore, Maryland

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. 11/23/46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 19 46 at 1:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 19 45 to Nov. 22 19 46
 and that I last saw him alive on November 22 19 46

Immediate cause of death Pulmonary Tuberculosis
 DURATION 2 1/2 Yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Lynn M. D. XXXXAddress State Sanatorium, Md. Date signed 11/22/46

RECEIVED

NOV 25 1946

MINNESOTA

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

3 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 327 East Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war.

(5)

3. (a) FULL NAME

ALBERT ROWLAND PFEIFFER, JR.

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife.

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 28, 1926

8. AGE: Years <u>20</u>	Months <u>7</u>	Days <u>16</u>	If less than one day hrs. min.
----------------------------	--------------------	-------------------	--

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER 12. Name Albert R. Pfeiffer, Sr.

13. Birthplace Maryland

MOTHER 14. Maiden name Ruth B. Seeger

15. Birthplace Frederick County Maryland

16. Informant Mrs. Ruth Pfeiffer

Address Washington, D. C.

17. Burial Date thereof 11/16/46
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 15 Nov 1946 Registrar Elizabeth L. Hetch
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1946 at 4:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him DEAD November 14, 1946

Immediate cause of death
Multiple fractures of base & dist. portions of skull

DURATION
3 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 14 Nov 1946

Where did injury occur? U.S. #15 Frederick, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE Charles H. Gallagher Deputy Medical Examiner

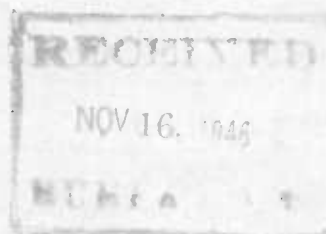
Address Frederick, Maryland Date signed 11-14-46
M. D. or other

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

110620
1310

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Near Feagaville
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Feagaville
(If rural, give LOCATION)
2.(a) If veteran, name war VFW

3. (a) FULL NAME

HARRY COLUMBUS POOLE

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Etta Recker
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 6, 1879
8. AGE: Years 67 Months 6 Days 6 If less than one day
..... hrs. min.

9. Birthplace Nr. Feagaville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name George Poole

13. Birthplace Frederick County Maryland

14. Maiden name Mary Englebower

15. Birthplace Frederick County Maryland

16. Informant Mrs. Etta Poole

Address R.F.D.#4, Frederick, Maryland

17. Burial Date thereof 11/15/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Lukes Cemetery

Location Feagaville, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 14 Nov 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1946, 11:30P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 1946 to Nov 12 1946
and that I last saw him alive on Nov 11 1946

Immediate cause of death Acute Myocardial decomposition
Chronic Myocarditis
Obesity & Chronic nephritis
DURATION 15 ml
2 yrs
10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. L. L. Price M. D.

M. D. or other

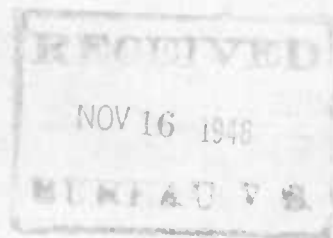
Address Jefferson, Maryland Date signed 11-13-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11063 1441

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Catherine Rouzer

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Morris L. Rouzer7. Birth date of deceased (mo., day, yr.) Feb 28 - 1872 6.(c) If alive, give age 79 years8. AGE: Years 74 Months 8 Days 3 It less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Dr. John J. Henshaw13. Birthplace Virginia14. Maiden name Margaret Hanger Henshaw15. Birthplace Maryland16. Informant Miss Grace HenshawAddress Thurmont17. Burial Date thereof Nov 3 - 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United BrethrenLocation Thurmont18. Funeral director W. J. WilkshireAddress Thurmont19. Nov. 2 1946
(Date rec'd by registrar)Wm. J. Pryor Sr.
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st 1946 at 1 - 24 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 22 1946 to October 31 1946and that I last saw him alive on Oct 31 1946Immediate cause of death Cerebral Hemorrhage
HemiplegiaDURATION
6 weeksDue to Chronic Arterial Sclerosis 10 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Morris L. Birch M.D.
M. D. or otherAddress Thurmont - Md. Date signed 11/2/46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL RECORDING INFORMATION

STATE OF MASSACHUSETTS

MEDICAL PROFESSION

RECEIVED

NOV 6 1946

RECEIVED

1-25

2-1440

1-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BFB*

CERTIFICATE OF DEATH

 11463
 Reg. Dist. No. *1370*

1. PLACE OF DEATH: County..... <i>Frederick</i> City or town..... <i>Central</i> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <i>17 years</i> Hospital, institution, or street address where death occurred: How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <i>Maryland</i> County..... <i>Frederick</i> City or town..... <i>Central</i> (If outside city or town limits, write RURAL and give nearest town) Street No..... <i>R.D. 1, Frederick</i> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <i>EPPA CLIFTON ROYSTON</i>				3. (b) Social Security Number			
4. Sex <i>Male</i>		5. Color or race <i>White</i>		6. (a) Single, married, widowed, or divorced <i>Married</i>			
6. (b) Name of husband or wife <i>M. Margaret Royston</i>				6. (c) If alive, give age <i>64</i> years			
7. Birth date of deceased (mo., day, yr.) <i>Jan. 29, 1878</i>				8. AGE: Years <i>68</i> Months <i>9</i> Days <i>27</i> If less than one day _____ hrs. _____ min.			
9. Birthplace <i>Virginia</i> (Town, county, and state)				10. Usual occupation <i>School Bus Operator</i>			
11. Industry or business <i>George C. Royston</i>				12. Name <i>Virginia</i>			
13. Birthplace <i>Secy A. Lawler</i>				14. Maiden name <i>Virginia</i>			
15. Birthplace <i>Mrs. M. Margaret Royston</i>				16. Informant <i>R.D. 1 Frederick, Md.</i> Address.....			
17. Burial <i>Glenwood</i> (Burial, cremation, or removal, whichever) Cemetery or crematory..... <i>Washington, D. C.</i> Location..... <i>C. M. Waltz</i> 18. Funeral director <i>Winfield, Maryland</i> Address.....				20. DATE OF DEATH <i>Nov. 26, 1946</i> at <i>4:30 A</i> M			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <i>June - 1944</i> to <i>Nov. 26, 1946</i> and that I last saw him alive on..... <i>Nov. 25, 1946</i> Immediate cause of death..... <i>Uraemia, Nephritis</i> Due to..... <i>Chronic Nephritis</i> Due to..... <i>Enlarged Heart</i> Other conditions..... <i>Bronchiectasis</i> (Include pregnancy within 3 months of death) Major findings of operations..... Date of op. Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.				DURATION <i>9 days</i> <i>18 mos</i> <i>2 1/2 yrs</i>			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....				23. SIGNATURE <i>Otis B. Stone</i> <i>Liberty Town Md</i> Address..... Date signed <i>Nov 26</i>			
19. 11-27-46 <i>Doc O'Brien</i> (Date rec'd by registrar) Registrar							

121

RECEIVED

DEC 6 1946

BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

CERTIFICATE OF DEATH

Reg. Dist. No. 11064 1350

1. PLACE OF DEATH:

County FrederickCity or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ella D. Schroyer

4. Sex

Female white

5. Color or race

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife John F. Schroyer

7. Birth date of

deceased (mo., day, yr.) 10-11-1874

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7214

hrs.

min.

9. Birthplace Myersville Frederick County, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Jacob Dusing13. Birthplace Myersville, Md.

MOTHER

14. Maiden name Nannie Bowman15. Birthplace Washington County, Md.16. Informant Nannie StineAddress Middletown, Md.17. Burial Date thereof Nov. 18, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory U. D. CemeteryLocation Pleasant Walk, Myersville Rural18. Funeral director Good Will Co.Address Middletown, Md.19. Nov. 18 19 46 Charles L. Leatherman
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 19 46 at 12:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb 1 19 46 to Nov. 15 19 46
and that I last saw her alive on Nov. 12 19 46

Immediate cause of death

Chronic Myocarditis.

DURATION

10 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles L. Leatherman

M. D. or other

Address Boonsboro Date signed Nov. 16, 46

RECEIVED
FEB 23 1946
FEB 23 8 40 AM
1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11065

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 10/31/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 10/31/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County **Anne Arundel**
 City or town **Gambrills**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Grover Sears3. (b) Social Security Number
None

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of ~~husband~~ wife **Eugie Sears**
 6. (c) If alive, give age **59** years

7. Birth date of deceased (mo., day, yr.) **August 24, 1884**

8. AGE: Years **62** Months **2** Days **17** If less than one day _____ hrs. _____ min.

9. Birthplace **Calvert County, Md.**
 (Town, county, and state)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Bucks Sears**
 13. Birthplace **Calvert County, Md.**

14. Maiden name **Harriet Ann Dorsey**
 15. Birthplace **Salisbury, Md.**

16. Informant **Eugie Sears (Wife)**
 Address **Gambrills, Maryland**

17. **Unknown Burial** Date thereof **Unknown 11/10/46**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium **Fort Unknown Lincoln Cem.**
 Location **Prince George's Unknown Co. Md.**

18. Funeral director **M. L. Creager & Son**
 Address **Thurmont, Maryland**

19. **11/7/46** 19 _____
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 10** 19 **46** at **5:00A** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 31** 19 **46** to **Nov. 10** 19 **46** and that I last saw him alive on **November 10** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **2 Yrs.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **J. B. Lynn** M. D. ~~XXXX~~

Address **State Sanatorium, Md.** Date signed **11/10/46**

RECEIVED
12 1946
BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2

CERTIFICATE OF DEATH

Reg. Dist. No. 11066 1340

1. PLACE OF DEATH:

County... Fredrick
 City or town... Emmitsburg, md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Fredrick
 City or town... Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 421 west Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

William Henry Sellers

3. (b) Social Security Number

220-05-6022

4. Sex m 5. Color or race white 6.(a) Single, married, widowed, or divorced widower
 B.(b) Name of ~~husband~~ or wife E. Kate Rowe
 7. Birth date of deceased (mo., day, yr.) January 14, 1867 6.(c) If alive, give age _____ years
 8. AGE: Years 79 Months 10 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Adams Co, Pa.
 (Town, county, and state)
 10. Usual occupation Clerk
 11. Industry or business General Store
 FATHER 12. Name Henry Sellers
 13. Birthplace Adams Co, Pa.
 MOTHER 14. Maiden name Catherine Swartz
 15. Birthplace Adams Co, Pa.

16. Informant Helen S. Cusack
 Address Emmitsburg Md.

17. burial Date thereof November 22 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt View Cemetery
 Location Emmitsburg Md.

18. Funeral director S. L. Allison
 Address Emmitsburg, Md.

19. Nov 21 19 46 M. F. Shuff
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1946 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1946 to Nov. 20 1946
 and that I last saw him alive on November 19 1946

Immediate cause of death Carcinomatosis DURATION 2 mos.

Due to carcinoma of larynx 14 mos.

Due to _____
 Other conditions myocarditis, chronic ?

(Include pregnancy within 3 months of death)
 Major findings of operations carcinoma of larynx
 Date of op. July 1946

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE M. Franklin Bush M.D. M. D. or other
 Address Shumount Md. Date signed Nov. 20 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 26 1946

BUREAU VS

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9372

CERTIFICATE OF DEATH

★ 11067

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick
 City Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)Street No. Frederick P.D. 2.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie Elizabeth Schrader

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John S. Schrader7. Birth date of deceased (mo., day, yr.) April 2, 1863 6. (c) If alive, give age _____ years8. AGE: Years 84 Months 7 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Hagerstown Wash. C. Md
 (Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

12. Name Schudy13. Birthplace Unknown

14. Maiden name

15. Birthplace

16. Informant Louise J. KellerAddress R 7 S #2 Frederick Md17. Burial Date thereof Nov 12 1946
 (Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Prices Church CemeteryLocation Waynesboro P.D. Pa10. Funeral director L. F. BeecherAddress Frankstown Md.19. 11 Nov 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1946 at 7:10 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Nov. 10 1946
 and that I last saw him alive on Nov. 5 1946Immediate cause of death Chronic Myocarditis DURATION

Due to

Due to

Other conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Howard W. Clark M.D. M. D. or otherAddress Frederick Md Date signed 11-11-46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

11068

Reg. Dist. No.

1310

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 114 West 5th. St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 114 West 5th. St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

JAMES LEWIS CHESTER SIMMONS

3. (b) Social Security Number

217-10-0026

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Ruth Sheffield
 6.(c) If alive, give age 46 years
 7. Birth date of deceased (mo., day, yr.)..... September 15-1898
 8. AGE: Years 48 Months 1 Days 23 If less than one day..... hrs. min.

9. Birthplace..... Burkittsville-Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation..... Grocer

11. Industry or business

12. Name..... Lewis Simmons
 13. Birthplace..... Loudon County- Virginia
 14. Maiden name..... Ida Painter
 15. Birthplace..... Loudon County- Virginia

16. Informant..... Mrs. J.L.C. Simmons

Address..... 114 W. 5th. St.- Frederick, Md.

17. Burial..... Date thereof..... Nov. 9-1946
 (Burial, cremation, or removal, Whichever) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C.E. Cline and Son

Address..... Frederick, Md.
 19. 8 Nov. 1946 Elizabeth G. Heck.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 7th. 1946 at 8:30A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Nov 7 1946 to Nov 7 1946
 and that I last saw him alive on Nov 7 1946

Immediate cause of death..... Cerebral hemorrhage
 (Pneumonia)

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

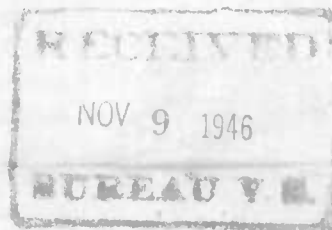
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... B. Thomas

Address..... Frederick Md. M.D. or other
 Date signed 11/8/46



1-35

Handwritten signature or initials, possibly "H. B. Schmitt".

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B2

CERTIFICATE OF DEATH

Reg. Diat. No. 1370

1. PLACE OF DEATH:

County Fredrick
City or town Pott arm Route 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Forever
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Pott arm Route 2
(If outside city or town limits, write RURAL and give nearest town)
Street No. Mapleville Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Charles Edward Smith

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Laura Alice Smith
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) October 23 1867
8. AGE: Years 79 Months 0 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Fredrick Co. Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Anthony Smith

13. Birthplace Maryland

14. Maiden name Laura Alice

15. Birthplace Maryland

16. Informant John Wallace Smith

Address Pott arm Md, R.2

17. Burial Date thereof Nov 10 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Hill Cemetery

Location near Woodlawn, Maryland

18. Funeral director Jewell & Harts

Address Libertytown & Woodlawn Ind.

19. Mr. J. Q. 41 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1946 at 3:00 PM

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from Nov 1 1946 to Nov 8 1946

and that I last saw him live on Nov 8 1946

Immediate cause of death Cerebral Hemorrhage DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Mason M.D. M.D. or other

Address Thurman Bridge Date signed Nov 9

MARGIN RESERVED FOR BINDING

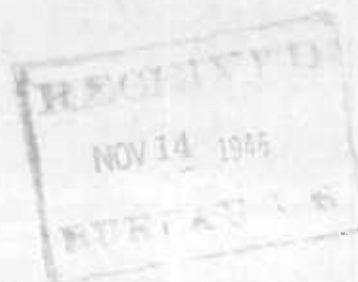
VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100-10

RECEIVED



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 870

CERTIFICATE OF DEATH

Reg. Dist. No. 11378

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick County Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Frederick
 City or town.....Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Phone No. H
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....me

3. (a) FULL NAME
Samuel C. Snyder

3. (b) Social Security Number

4. Sex.....M 5. Color or race.....white 6. (a) Single, married, widowed, or divorced.....widowed

6. (b) Name of husband or wife.....Mollie Snyder

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....1857

8. AGE: Years.....about 89 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....Washington Co. Md.
 (Town, county, and state)

10. Usual occupation.....Farmer

11. Industry or business.....

12. Name.....unknown

13. Birthplace.....unknown

14. Maiden name.....unknown

15. Birthplace.....unknown

16. Informant.....R. W. Norwood

Address.....Mt. Airy

17. (Burial, cremation, or removal. Which?).....Burial Date thereof.....Mar 13, 1946
 (month) (day) (year)

Cemetery or crematory.....Rose Hill

Location.....Frederick, Md.

18. Funeral director.....H. M. Snyder

Address.....Mt. Airy

19. 12 Nov 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Nov. 11 1946 at 11:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946, to Nov. 11 1946 and that I last saw him alive on Nov. 11 1946.

Immediate cause of death.....Cerebral hemorrhage DURATION.....1 day

Due to.....

Due to.....

Other conditions.....Senility

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....Bernard Thomas Jr. M.D. M. D. or other

Address.....Frederick, Md. Date signed.....Nov. 11, 1946

CERTIFICATE OF DEATH

STATE OF MICHIGAN DEPARTMENT OF HEALTH

STATE OF MICHIGAN

THE DEATH CERTIFICATE

RECEIVED

NOV 13 1945

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 1410

1. PLACE OF DEATH

County Fredmont
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredmont
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war Vietnam War

3. (a) FULL NAME

David Tilman Spriggs

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

Emma Williams

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

May 26, 1888

8. AGE:

58

Years

6

Months

3

Days

It less than one day

hrs.min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Br. O.P.R. Transported

11. Industry or business

FATHER

12. Name

William Spriggs

13. Birthplace

md.

MOTHER

14. Maiden name

Sarah Guntie

15. Birthplace

md.

16. Informant

Minnie Brown

Address

Phila. Pa

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Dec 4, 1946
(month) (day) (year)

Cemetery or crematory

M. E.

Location

Bethesda Md / Annapolis

18. Funeral director

C. H. Fultz, Inc

Address

Brunswick Md

19.

12-4
(Date rec'd by registrar)

19.

46 Eugenia H. Burke
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1946, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to Nov 29 1946
and that I last saw him alive on Nov 29 1946

Immediate cause of death

Reluctant heart failure

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Brunswick Md Date signed 11/29/46

RECEIVED

DEC 6 1946

BUREAU # 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7450

CERTIFICATE OF DEATH

Reg. Dist. No. 1350

11072

1. PLACE OF DEATH:

County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. N. Grossnickle's Church
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Rev. Irving R. S. Stottlemeyer

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Annie Marker
 7. Birth date of deceased (mo., day, yr.) March 12, 1872
 8. AGE: Years 74 Months 8 Days 7 If less than one day
 hrs. min.

9. Birthplace Middlepoint Fredco. Md
 (Town, county, and state)
 10. Usual occupation Minister

11. Industry or business Grossnickle's Church of Brethren

12. Name Joseph Stottlemeyer
 13. Birthplace Maryland
 14. Maiden name Amanda Grossnickle
 15. Birthplace Maryland

16. Informant Mrs Annie Stottlemeyer
 Address Myersville, Md.

17. Burial Date thereof Nov 22, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Grossnickles
 Location N. Myersville Md.

18. Funeral director Paul E. Bittle
 Address Myersville, Md.

19. Nov 21 19 46 Charles S. Leatherman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 19 46 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 19 46 to Nov 19 19 46
 and that I last saw him alive on Nov 19 19 46

Immediate cause of death Coronary thrombosis DURATION few minutes

Due to arterio-sclerosis several years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. V. Stetson M.D. M. D. or other

Address Myersville Md Date signed Nov 20 46

RECEIVED

NOV 25 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5)

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

11074

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
506 North Bentz Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 506 North Bentz Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
ANNA ELIZABETH THOMPSON

3. (b) Social Security Number
☒

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or wife Walter K. Thompson
 6. (c) If alive, give age 39 years
 7. Birth date of deceased (mo., day, yr.) November 25, 1909
 8. AGE: Years 37 Months 0 Days 5 If less than one day
 hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation At Home

11. Industry or business
 FATHER 12. Name Benjamin Makel
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Georgianna Barnes
 15. Birthplace Frederick County Maryland
 16. Informant Walter K. Thompson

Address 506 N. Bentz St., Frederick, Md.
 17. Burial Date thereof 12/3/46
 (Burial, cremation, or removal-Which?) (month) (day) (year)
 Cemetery or crematory Fairview Cemetery
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 3-Dec 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1946 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 7 19 46 to Nov 30 19 46
 and that I last saw h.e. alive on Nov 27 19 46

Immediate cause of death Tuberculous enteritis
 CURATION 4 yrs.

Due to Tuberculous-salpingitis
and oophoritis 2 yrs.

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE L. R. Schoolman M. D.
 Address Frederick, Maryland M. D. or other
 Date signed 12-2-46

RECEIVED

DEC 4 1946

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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No. 11073 1310

1. PLACE OF DEATH:

County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)
Life

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

ELLA VIRGINIA THRASHER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband on date William J. Thrasher

7. Birth date of deceased (mo., day, yr.) December 19, 1865 6. (c) If alive, give age _____ years

8. AGE: Years 80 Months 11 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Jefferson-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Frederick Miller

13. Birthplace Germany

14. Maiden name Lydia Darner

15. Birthplace Frederick County Maryland

16. Informant Mrs. Harry S. Schamel

Address Jefferson, Maryland

17. Burial Date thereof 11/27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 26 Nov. 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1946 at 2:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1946 to Nov 25 1946
and that I last saw him alive on Nov 23 1946

Immediate cause of death Pulmonary edema DURATION, 5 mi

Due to Myocardial
decompensation acute 3 days

Due to Senile Diabetes 10 yrs

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

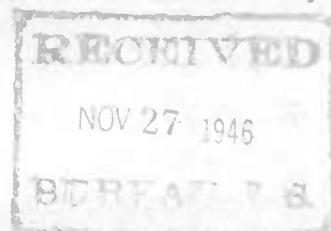
23. SIGNATURE W. L. Brice M. D.

Address Frederick, Maryland Date signed 11-26-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Jefferson- Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:
Near Jefferson
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Jefferson-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Jefferson
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

IDA VIRGINIA TRITAPOE

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
6. (b) Name of husband or wife		
6. (c) If alive, give age		
7. Birth date of deceased (mo., day, yr.) <u>May 3, 1867</u>		
8. AGE: Years <u>79</u>	Months <u>6</u>	Days <u>26</u> hrs. min.

9. Birthplace Loudoun County Virginia
 (Town, county, and state)
At Home

10. Usual occupation

11. Industry or business

12. Name Samuel E. Tritapoe13. Birthplace Loudoun County Virginia14. Maiden name Sarah E. Vincell15. Birthplace Loudoun County Virginia16. Informant Mrs. Arthur R. PoffinbergerAddress Jefferson, Md. - Rural17. Burial Date thereof 12/2/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls CemeteryLocation Jefferson, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 Dec 1946 Elizabeth G. Hest

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1946, 5:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28, 1946 to Nov 29, 1946and that I last saw him/her alive on Nov 29, 1946

Immediate cause of death

Acute uraemiaDue to Nephritis; known only for two weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J E Harp M. D.Address Frederick M. D. or otherDate signed 11-30-46

11075

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DEC 4 1946

BRIAN L B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 970

CERTIFICATE OF DEATH

Rag. Diat. No. 11076 141

1. PLACE OF DEATH:

County Frederick
 City or town Rural Brunswick (Rosemont)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 years
 Hospital, institution, or street address where death occurred:
Rosemont
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Brunswick (Rosemont)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rosemont
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Ira Overton Waltz

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Lillie Shaw7. Birth date of deceased (mo., day, yr.) Jan 13 18858. (c) If alive, give age 59 years8. AGE: Years 61 Months 10 Days 12 If less than one day — hrs. — min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation B. & O. R. R. Conductor

11. Industry or business

12. Name Ira Waltz13. Birthplace Maryland14. Maiden name May Zimmerman15. Birthplace Maryland16. Informant Mr. Lillie Shaw WaltzAddress Brunswick Md.17. Burial Date thereof Nov 27 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wt. ChristLocation Frederick Maryland18. Funeral director G. H. Feltz & BroAddress Brunswick Md.

Nov 27 19 46 Eugenia H. Bush
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 19 46 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 44 to Nov 25 19 46 and that I last saw him alive on Nov 24 19 46

Immediate cause of death

Acute Myocarditis

DURATION

10 daysDue to Inflammation of heart musclePrimary OcclusionDue to Blockage of CoroneArteries

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Thomas Shott

M. D. or other

Address Brunswick MdDate signed Nov 26 46

CERTIFICATE OF DEATH

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DEC 2 1946
BUREAU

<p>1. Name of deceased</p>		<p>2. Sex</p>	
<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Date of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>	
<p>11. Date of registration</p>		<p>12. Place of registration</p>	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

Reg. Dist. No. 11077 1310

1. PLACE OF DEATH:

County FREDERICK
City or town RURAL - HARMONY GROVE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
FREDERICK CITY HOSPITAL
How long in hospital or institution? 30 MIN. (?)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Damascus
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war. _____

3. (a) FULL NAME

(WELSH) Pearl Virginia Welsh

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Paul Welsh

6. (c) If alive, give age 32 years
7. Birth date of deceased (mo., day, yr.) February 15 - 1914

8. AGE: Years 25 Months 8 Days 30 If less than one day _____ hrs. _____ min.

9. Birthplace Montgomery Co.
(Town, county and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Herbert J. Thompson

13. Birthplace Montgomery Co.

14. Maiden name Mary Lucinda Hawes

15. Birthplace Montgomery Co.

16. Informant Paul Welsh

Address Damascus, Md.

17. Burial Burial Date thereof Nov 16, 1946
(Burial, cremation, or removal - Which?) (month) (day) (year)
Cemetery or crematory St. Mary's
Location Rockville, Maryland

18. Funeral director J. B. Beall, Inc.
Address Damascus, Md.

19. 15 Nov 19 46 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 November 1946 at 1:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
and that I last saw him/her DEAD alive on 14 NOVEMBER 19 46

Immediate cause of death Fractured Skull

DURATION 1 hr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 14 Nov 1946

Where did injury occur? U.S. # 15 Frederick Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE Charles H. Crake, M.D.
Deputy Medical Examiner M. D. or other
Address Frederick, Maryland Date signed 11/15/46

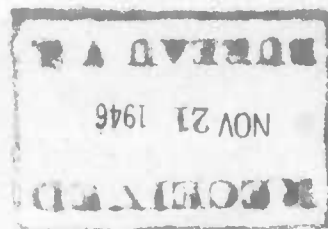
MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County Frederick City Hospital
 City or town Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Montg
 City or town Boys
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

John Wilson Williams

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Anna Williams

7. Birth date of deceased (mo., day, yr.) May 24, 1873 8. (c) If alive, give age _____ years

8. AGE: Years 72 Months 6 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Boys, Md.
 (Town, county, and state)

10. Usual occupation Retired Telegraph Operator

11. Industry or business

12. Name James E Williams13. Birthplace Md.14. Maiden name Sarah J Burdett15. Birthplace Md.16. Informant Mr Wm WilliamsAddress Boys Md.

17. Burial Burial Date thereof 11/26/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boys Cemetery

Location Boys Md.
Ernest C Gartner

18. Funeral director

Address Gaithersburg Md.

19. 25 Nov 19. 46 Elizabeth G Herb
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 19 46, at 1¹⁵ A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4 19 46 to November 24 19 46
 and that I last saw him alive on November 24 19 46

Immediate cause of death

Chronic nephritis

DURATION

3 yrs

Due to

(Gremia)

Due to

Arteriosclerosis

Other conditions

Renal Calculi

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op. _____

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

A. Justin Pearce M.D.

M. D. or other _____

Address Frederick, Md. Date signed 11/24/46

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NOV 26 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 Min.
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 15 Min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Pennsylvania County York
City or town York
(If outside city or town limits, write RURAL and give nearest town)
Street No. 234 E. Cottage Place
(If rural, give LOCATION)
2. (a) If veteran, name war World War I

3. (a) FULL NAME

William H. Woy

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Nettie Woy (wife)

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1890

8. AGE: Years 56 Months 11 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace York Co. Pa.
(Town, county, and state)

10. Usual occupation Flagman

11. Industry or business Commonwealth Rail road Co

12. Name William H. Woy

13. Birthplace York Co. Pa.

14. Maiden name Melinda Hale

15. Birthplace York Co. Pa.

16. Informant Mrs. Nettie Woy

Address 234 E. Cottage Place

17. Burial Date thereof Nov 15, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Rose Mausoleum

Location York, Pa.

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 13 Nov 19 46 Elizabeth G. Hecks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 19 46 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19____ to 19____

and that I last saw him alive on never 19____

Immediate cause of death Crushing injury to abdomen & thorax

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Nov. 11, 1946

Where did injury occur? Union Bridge (City or town) Maryland (State)

Injured at home, farm, industry, public place (where?) Industry

Means of injury Crushed between 2 R.R. cars Injured at work? yes

23. SIGNATURE Charles H. Bailey Jr. M.D.
Dep. Med. Ex. M. D. or other
Address Frederick, Md. Date signed 11 Nov. 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
INVESTIGATION OF DEATH

INVESTIGATION OF DEATH



RECEIVED
NOV 14 1946
F. B. I.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

CERTIFICATE OF DEATH



Reg. Dist. No.

11 080

11 080

1. PLACE OF DEATH:

County Frederick RuralCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 11, 1946 at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 24, 1946 to Nov. 11, 1946
and that I last saw her alive on November 11, 1946

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 11-11-46

RECEIVED

14 1946

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11-13-46
J. Edgar Hoover
U. S. Dept. of Justice
Washington, D. C.
100-100000-100000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

★

11081

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Year

Month

Days

If less than one day

hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or other)

Which?

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 46

Elizabeth S. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

19. 46, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 29 1946, to Nov 2 1946, and that I last saw him alive on Nov 2 1946

Immediate cause of death

DURATION

Pulmonary edema

2 days

Due to Malignant (Carcinoma) & acute pulmonary infection

1 yr 5 days

Due to Carcinoma Breast

5 yrs

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 11/4/46

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